June 13, 2018

The Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C. 20201

Re: Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Application

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Ohio’s Group VIII Work Requirements and Community Engagement 1115 Demonstration Waiver Application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports Ohio’s goal to improve health outcomes for their Group VIII Medicaid beneficiaries, but we believe the proposed work and community engagement requirement could negatively impact the adult Medicaid expansion population, particularly cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime. Over 68,400 Ohioans are expected to be diagnosed with cancer this year¹ — many of whom are receiving health care coverage through the Ohio Medicaid program. ACS CAN wants to ensure that cancer patients and survivors in Ohio will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. We strongly urge the Centers for Medicare and Medicaid Services (CMS) to address the following concerns or reject this waiver in its current form.

Following are our specific comments on Ohio’s Medicaid 1115 waiver application:

**Group VIII Work & Community Engagement Requirements**

The requirement that all Group VIII (“able-bodied”) adults covered under Ohio’s Medicaid expansion, must be employed, attending school, or participating in community engagement activities approved by the Department for 20 hours-per-week (80 hours averaged monthly) to maintain eligibility or enrollment in the Medicaid program could have the unintended consequence of disadvantaging patients with serious illnesses, such as cancer. While we understand the intent of the proposal, is to “further

encourage employment,” many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.2,3,4 ACS CAN opposes tying access to affordable health care for lower income persons to work or community engagement requirements because cancer patients, survivors, and those who will be diagnosed with the disease - as well as those with other complex chronic conditions - could be seriously disadvantaged and find themselves without Medicaid coverage. Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.5 If work and community engagement is required as a condition of eligibility, many cancer patients, recent survivors, and those with other chronic illnesses could find that they are ineligible for the lifesaving care and treatment services provided through the state’s Medicaid program.

We appreciate the State’s acknowledgement that not all people are able to work and the decision to include several exempt categories and good cause exceptions from the work requirement. However, we are concerned that the waiver does not go far enough to protect vulnerable individuals, including recent cancer survivors, those with conditions that put them at risk for cancer, and other serious chronic diseases linked to cancer treatments.6

The Ohio Department of Medicaid estimates that approximately half of the 36,036 individuals that could be subject to the work or community engagement requirements would lose their Medicaid eligibility. Therefore, the State is expecting at least 18,018 Ohioans to lose health care coverage due to this requirement. This is especially concerning, as many cancer patients and recent survivors could be among those individuals who lose access to health care coverage. Additionally, the increase in administrative requirements for enrollees to attest to their working status would likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not.

*Post-disenrollment Period*

We remain concerned with the lack of clarity about whether the State would impose a lock-out period during which individuals would be unable to reenroll in Medicaid. We urge CMS to ensure that no lock-out period is included in the waiver that would prevent someone from reenrolling once they meet the program requirements.

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Request for Enhanced Federal Funding for Work and Community Engagement Requirement

We note that the State is requesting enhanced federal funding from CMS to assist with supportive services to help Group VIII enrollees meet the work and community engagement requirements. Federal Medicaid monies should be focused on the core goal of improving health outcomes for Ohio’s low-income residents rather than paying for the administrative costs of a complex work and community engagement requirement. Additionally, CMS’ recent State Medicaid Director letter clearly states that workforce training activities are not eligible for federal Medicaid match. Therefore, we strongly urge CMS to ensure that Medicaid dollars are spent on health care services and not on the administration of the proposed work and community engagement requirements.

Conclusion

We appreciate the opportunity to provide comments on Ohio’s Group VIII Work Requirements and Community Engagement 1115 Demonstration Waiver Application. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Ohioans who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the impact that this policy proposal may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services are a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Administration to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me or have your staff contact Michelle DelFavero of our policy team at Michelle.DelFavero@cancer.org or 202-585-3266.

Sincerely,

Lisa Lacasse
Senior Vice President

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